

**DECLARATION AND POWER OF ATTORNEY  
FOR ORIGINAL U.S. PATENT APPLICATION**

Attorney's Docket No. 41963-8001.US01

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"INTERACTIVE MOBILE DEVICE"**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, CFR § 1.56.

And I hereby appoint Brian R. Coleman; 39,145 and Perkins Coie LLP (Customer No. 22918).

Direct all telephone calls to **Brian R. Coleman** at (650) 838-4300. Address all correspondence to:, Brian R. Coleman and the law firm of Perkins Coie LLP, (Customer No. 22918) as my principal attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

**Send Correspondence To:**                      **Perkins Coie LLP**  
    **101 Jefferson Drive**  
    **Menlo Park, CA 94025-1114**

**Direct Telephone Calls To:**                **Brian R. Coleman (650) 838-4300**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of

Sole or First Inventor: Dirk Bartels

Citizenship: \_\_\_\_\_

**Inventor's Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

Residence: (City) \_\_\_\_\_

(State/Country) \_\_\_\_\_

Post Office Address: \_\_\_\_\_